



# Town of Sudbury

Board of Health

<http://www.sudbury.ma.us/Health>

DPW Office Building  
275 Old Lancaster Road  
Sudbury, MA 01776  
978 440-5479

[emailto:health@sudbury.ma.us](mailto:health@sudbury.ma.us)

Calendar Year 2023

TO: Food Truck Vendors

RE: 2023Temp Permit/2023 Seasonal Permit

Please read through the instructions below and fill out the enclosed forms. The Sudbury Health Department will require submission of the food application and the required documents listed below in order to issue a 2023 Food Permit;

- Sudbury Application (enclosed)
- COVID Protocol Compliance Plan
- Truck **must** be equipped with hand washing sink (not negotiable)
- Application Fee (pay to Town of Sudbury – use enclosed Fee Schedule to determine fee)
- Specify date(s) and location(s) where you will be stationed in Sudbury
- Worker's Compensation Insurance Affidavit (enclosed)
- Copy of your Workers Compensation Insurance Declaration page.
- Certifications: ServSafe, Food Allergen, CPR, Choking etc...
- Hawker's/Pedlar's License
- Permit from another Mass. community – dated current calendar year.
- Written confirmation acknowledging compliance with Sudbury Bag, Bottle, Plastic and Polystyrene by-laws.

As a result of recent Emergency Notifications we are requiring all business owners to sign up for reverse 911 calls for all Sudbury Town Alerts.

Send Payment and forms to the Health Department (address below). One day/weekend permit = \$10.00, Seasonal Permit = \$50.00.

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Thank you for your attention to this matter.

Sincerely,

*Bill Murphy*

*Sudbury Board of Health*

*275 Old Lancaster Rd.*

*Sudbury MA 01776*

*health@sudbury.ma.us*

*Monday-Friday 8:00am-3:00pm*



**SUDBURY HEALTH  
DEPARTMENT**

**275 OLD LANCASTER ROAD**

**SUDBURY, MA 01776**

**Tel (978)440-5479 Fax (978)440-5404**

**HEALTH@SUDBURY.MA.US**

**FOR BOARD OF HEALTH USE ONLY**

Date Received

Date Inspected

Approved By

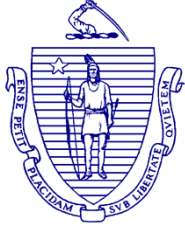
Permit # Issued

Fee

**2023 Food Establishment Permit Application**

<b>1) Establishment Name:</b>	
<b>2) Establishment Address:</b>	
<b>3) Establishment Mailing Address (if different):</b>	
<b>4) Establishment Telephone No:</b>	<b>Email:</b>
<b>5) Applicant Name and Title:</b>	
<b>6) Applicant Address:</b>	
<b>7) Applicant Telephone No:</b>	<b>Email:</b>
<b>8) Owner Name and Title (if different from applicant):</b>	
<b>9) Owner Address (if different from applicant):</b>	
<b>10) Establishment Owned By:</b>  <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal entity _____	<b>11) If a corporation or partnership, give name, title and home address of officers or partners:</b> <u>Name:</u> <u>Title:</u> <u>Address:</u> _____ _____ _____ _____
<b>12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</b>	
Name & Title :	
Address:	
Telephone No:	Email:
Emergency Telephone No:	
<b>13) District Or Regional Supervisor (if applicable )</b>	
Name & Title :	
Address:	
Telephone No:	Email:

<b>14) Source of Water Sewage Disposal</b>	<b>15) Rubbish Disposal Co.</b> _____ <b>Rendering Co. (For Grease)</b>
<b>16) Days and Hours of Operation:</b>	<b>17) No. of Food Employees</b>
<b>18) Name of Person In Charge Certified in Food Protection Management:</b> <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.</i>	
<b>19) Person Trained In Anti-Choking Procedures (if 25 seats or more):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>20) Location:</b> <i>(check one)</i> <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Reg.#: _____ Base of Operation: _____	<b>21) Establishment Type (check all that apply)</b> <input type="checkbox"/> Retail (        sq.ft) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Service (        Seats) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Food Service-Institution <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home (        Meals/Day) <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Estab. (        Beds) <input type="checkbox"/> Frozen Dessert Manufacturer  <b>Other (Describe):</b> _____
<b>22) Length of Permit:</b> <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates  _____ <input type="checkbox"/> Temporary/Dates/Time _____	
<b>23) Food Operations:</b> <i>(check all that apply):</i>	<b>Definitions:</b> <i>PHF-potentially hazardous food (time/temperatures controls required)</i> <i>Non-PHF's-non-potentially hazardous food (no time/temperature controls required)</i> <i>RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)</i>
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order
<input type="checkbox"/> Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer
<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Customer Self-Service
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale
<input type="checkbox"/> Delivers Food Within 1 Hour of Preparation	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale
<b>Other (Describe):</b>	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food
<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Vacuum Packaging/Cook Chill	<input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan
<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<b>I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.</b>	
<b>24) Signature of Applicant:</b> _____	
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I , to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.	
<b>25) Federal ID:</b> _____	
<b>26) Signature of Individual or Corporate Name:</b> _____	



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health

Acting under the authority of Chapter 111, Section 31, of the Massachusetts General Laws, the Sudbury Board of Health has set the following fees which are in affect as of March 1<sup>st</sup>, 2016.

Annual Fee Schedule

Soil Testing (New Construction- new lot)	\$250.00
Septic System DWCP <i>Residential</i>	New Construction w I/A Technology - \$850.00 New Construction - \$750.00 Upgrade 1 Bedroom - \$400.00 Repair - \$300.00 Minor repair (component)- \$50.00
Septic System DWCP <i>Commercial</i>	Repair- \$750.00 New Design Flow up to 550 GPD -\$850.00 551-1000 GPD - \$1000.00 1000 GPD + \$100/1000 Gallons up 2000-10,000 GPD - \$1/gallon
Small Waste Water Treatment Facilities Commercial Innovative/Alternative	
Renewal of Expired Septic Permits	\$100.00
Title 5 Inspection Report Submission	\$10/report
Disposal Works Installer Permit	Renewal- \$75.00 New Applicants- \$100.00
Trash/Sewage Hauler/Pump Truck	\$75.00/ truck
Food Service Establishments	Restaurant, cafeteria, coffee shop, sandwich shop, nursing home, small market, bakery, caterer, deli, etc.-base charge-\$200 1-25 seats- add \$100 additional 26-100 seats – add \$200 additional Over 100 seats- add \$300 additional  Supermarkets-\$600.00  Limited Retail Food - \$50.00  Vendor or Mobile Vendor- \$100.00  Seasonal Mobile Vendor - \$50.00  Temporary Food Service - \$10.00  Farmer’s Market \$10/vendor/10 market days  Residential Kitchen - \$50.00 Non-PHF’s
New Applicant Plan Reviews	\$100.00
Milk and Cream License (MGL)	Vehicle - \$2 Restaurant/Store- \$10

Garbage/Trash/Refuse Haulers	Permit to remove, transport, and dispose of garbage, trash, offensive substances- \$100/company
Recreational Camps	<b>\$150.00</b>
Funeral Home Director (MGL)	\$25.00/year (continued)
Well Installation Permit	Irrigation Well - \$100.00 <b>Potable Well - \$200.00</b>
Sale of Tobacco/Nicotine Products	<b>\$200.00</b>
Stable	<b>\$50 (2 year permit)</b>
Trench permit	\$50.00

Red indicates increased fee or new fee added